PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000028408

1. Corporation Name

SILVERG	ATE IMPORT AND EXPOR	t Cori	PORATION									
Principal Place	e of Business	Ма	iling Address	•								8/8/ 1811 1881
12317 SW 132ND CT 12317 SW 132ND CT												
MIAMI FL 33186 MIAMI FL 33186								50	NOT WO	ITE IN THIS	CDACE	
							1	Date Incorporated or			SPACE	
							3.	03/28/1997	Qualita			-
a Principal Pi	lace of Business	2a.	Mailing Address				4	FEI Number			Apr	olied For
2. FINICIPAL FI	lace of Business	26	manning , tour ood				4.	APPLIED FOR	65	-0737		Applicable
Suite, Apt.	#. etc.	- 20	Suite, Apt. #, etc.								\$8.75 A	dditional
22		27					5.	Certifcate of Status I	Jesirea		Fee Re	quired
City & State	e		City & State				6.	Election Campaign F	inancing		\$5.00	May Be
23 28								Trust Fund Contribu	tion		Added to	Fees
Zip	Country		Zip	Coul	ntry		8.	This corporation owe		rent year Ir		
24	25	29		30			Щ.,	Personal Property_T		Daminton		□No
	9. Name and Address of Curre	nt Regist	tered Agent		81	Name	10.	Name and Address	Of New	Registered	Agent	
MES	A, MANUEL ARTHUR ESQ				"	Name						
1000 BRICKELL AVENUE					82	32 Street Addre		O. Box Number is N	ot Accept	table)		
	E 660				83			-,				· • • • • • • • • • • • • • • • • • • •
- +	/II FL 33131-3014				"							,
					84	City				FI	85 Zip C	Code
44 Durawant	to the provisions of Sections 607.05	(A) and 60	77 1508 Florida Statut	e the al	hove	a-named corr	oratio	n submits this statem	ent for the	purpose o	f changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florid	a. Such change was a	uthorized	bv '	the corporati	on's bo	oard of directors. I he	reby acce	ept the appo	intment as reg	pistered
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if	applicable (NOTE	Registered	Anen	t signature require	ed when	reinstating)		DATE	···	
12.	OFFICERS A		- 	13.				ADDITIONS/CHANGE	S TO O	FFICERS A	ND DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TIT	LE						Change	☐ Addition
NAME	VALVEZAN, GILBERTO JR			1.2 NA	ME							
STREET ADDRESS	10964 SOUTHWEST 135TH C	OURT C	IRCLE	1.3 ST	REET	ADDRESS						
CITY-\$T-ZIP	MIAMI FL 33186			1.4 CF	TY-SI	r-zip						
TITLE	D		☐ DELETE	2.1 TIT	ΠE						Change	☐ Addition
NAME	BAPTISTON CEFALI, ANDRE			2.2 NA	ME							
STREET ADDRESS	10964 SOUTHWEST 135TH C	OURT C	IRCLE	2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33186			2. 4 CI	ITY-S	T-ZIP						
TITLE			☐ DELETE	3 1 TD	n e						☐ Change	Addition
NAME	1		☐ DECE IE	•	ILE						Citaligo	
STREET ADDRESS	1		⊕ DELETE	3.2 NA								ļ
			DELETE	3.2 NA	ME	ADDRESS		•				
CITY-ST-ZIP				3.2 NA 3.3 ST 3.4. CI	ME REET							Addition
CITY-ST-ZIP TITLE			☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TII	AME REET ITY-S ILE						☐ Change	☐ Addition
TITLE NAME				3.2 NA 3.3 ST 3.4. CI 4.1 TH 4. 2 No	AME REET ITY-S TLE AME	T-ZIP						☐ Addition
TITLE				3.2 NA 3.3 ST 3.4. CI 4.1 TH 4.2 N 4.3 ST	AME TREET ITY-S TLE AME TREET	T-ZIP						☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TH 4. 2 NJ 4.3 ST 4.4 CI	AME TY-S TLE AME TY-ST	T-ZIP					☐ Change	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				3.2 NA 3.3 ST 3.4. CI 4.1 TH 4.2 N 4.3 ST 4.4 CI 5.1 TH	ME REET ITY-S ILE AME REET IY-SI	T-ZIP						Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TH 4.2 NA 4.3 ST 4.4 CI 5.1 TH 5.2 NA	ME TREET TY-S TLE TY-ST TLE UME	T-ZIP T ADDRESS T-ZIP					☐ Change	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	REET ITY-S ILE REET TY-SI ILE AME REET TY-SI ILE AME	T-ZIP T ADDRESS T-ZIP T ADDRESS					☐ Change	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	ME REET ITY-S ILE REET TY-SI ILE ME TY-SI TY-SI	T-ZIP T ADDRESS T-ZIP T ADDRESS					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	REET TY-S TLE AME REET TY-SI TLE TY-SI TLE TY-SI TLE	T-ZIP T ADDRESS T-ZIP T ADDRESS					☐ Change	_

14. I hereby certify that the information supplied with his filling does not qualify/for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, whit all other like empowered.

6.4 CITY+ST+ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90025 028 ***150.00